

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001792		
1. Entity Name TPP, LTD.		

Principal Place of Business 3641 W. KENNEDY BLVD., SUITE A TAMPA, FL 33609	Mailing Address 3641 W. KENNEDY BOULEVARD, SUITE A TAMPA, FL 33609
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04072004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3401910	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BARNETT, LESLIE J
 BARNETT, BOLT, KIRKWOOD & LONG
 601 BAYSHORE BOULEVARD, SUITE 700
 TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

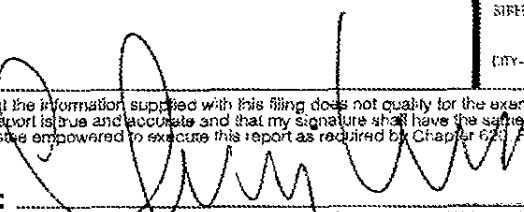
SIGNATURE	DATE
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9. Capital Contributions as Shown on record, \$188,570.06	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000078633	STREET ADDRESS	
NAME	TPP GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	3641 W. KENNEDY BLVD., SUITE A		
CITY-ST-ZIP	TAMPA, FL 33609		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: 	CLIFF LEVY	4/12/04	(813) 253-2220
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STAPLE CHECK HERE